

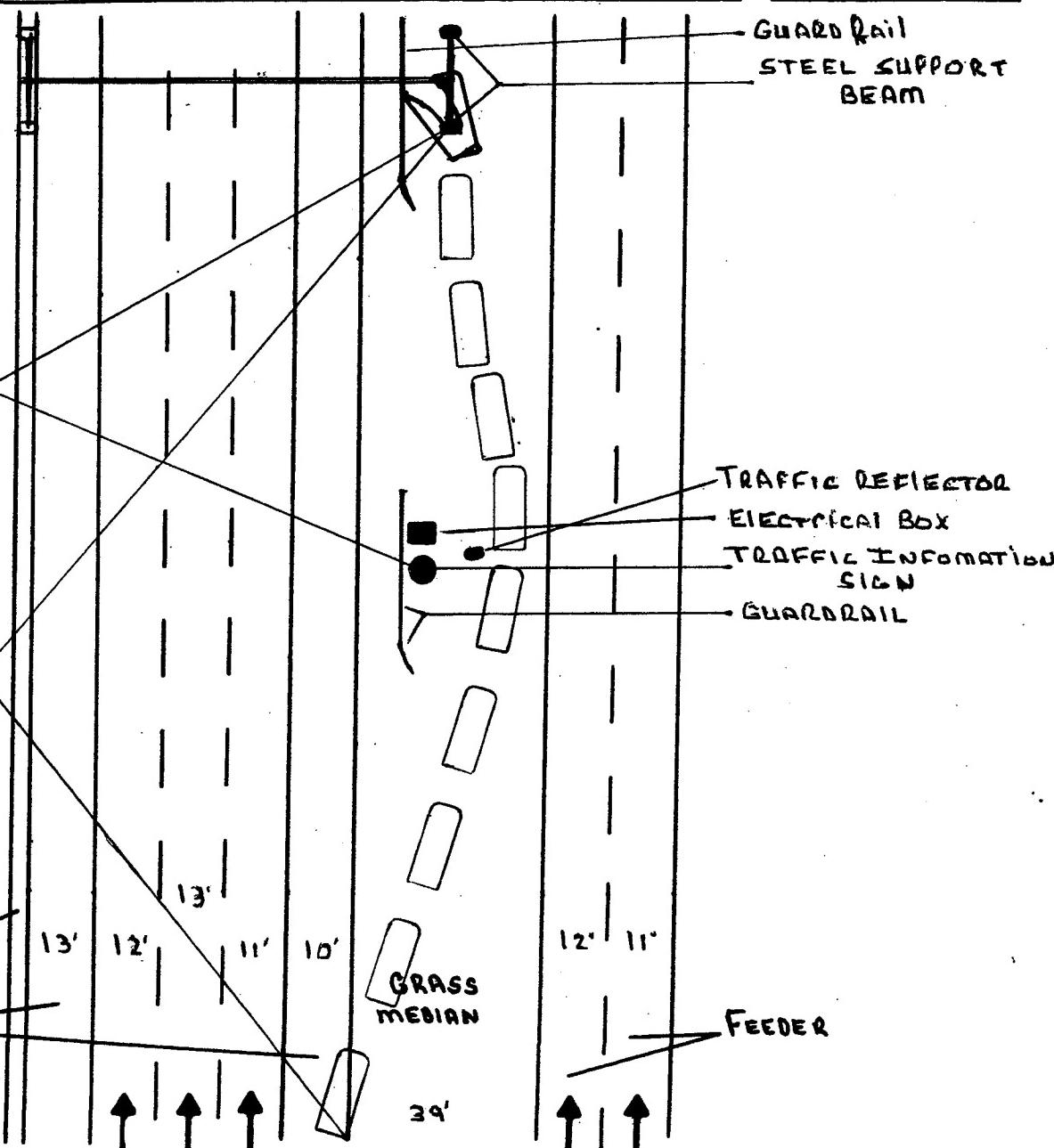
PLACE WHERE ACCIDENT OCCURRED COUNTY		CITY OR TOWN		Texas City		LOC. NO. <b>05-10172</b>		
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN		MILES	NORTH	S E W	OF	SHOW ONLY IF INSIDE CITY LIMITS		
ROAD ON WHICH ACCIDENT OCCURRED		4600		IH45 North		CONST. <input type="checkbox"/> YES SPEED ZONE <input checked="" type="checkbox"/> NO LIMIT <b>65</b>		
INTERSECTING STREET OR RR X'ING NUMBER		BLOCK NUMBER	STREET OR ROAD NAME		ROUTE NUMBER OR STREET CODE		CONST. <input type="checkbox"/> YES SPEED ZONE <input type="checkbox"/> NO LIMIT	
NOT AT INTERSECTION		3/4	FT.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OF	Holland Road
		MI.	N S E W	SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.				
DATE OF ACCIDENT		October 18	DAY OF WEEK	Tuesday	HOUR	8:52	A.M. <input type="checkbox"/> IF EXACTLY NOON P.M. <input type="checkbox"/> OR MIDNIGHT, SO STATE	
UNIT NO. 1 - MOTOR VEHICLE		VEH IDENT NO		1G1ND52F34M598780		IF BODY STYLE=VAN OR BUS, INDICATE SEATING CAPACITY		
YEAR MODEL	COLOR & MAKE	MODEL NAME		Malibu Classic	BODY STYLE	4 Door	LICENSE PLATE <b>06 Tx Z59WMP</b>	
DRIVER'S NAME	Powledge Adam Wayne	ADDRESS (STREET, CITY, STATE, ZIP)		2027 Fairfield Ct. South		League City, Tx 77573		
DRIVER'S LICENSE	Tx 19502651	C	DOB	10 04 1966	RACE	W	SEX M OCCUPATION	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED		4	ALCOHOL/DRUG ANALYSIS RESULT		PEACE OFFICER, EMS DRIVER FIRE FIGHTER ON EMERGENCY?			
LESSEE OWNER	<input type="checkbox"/> <input checked="" type="checkbox"/>	Same As Driver					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LIABILITY INSURANCE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)		ADDRESS (STREET, CITY, STATE, ZIP)		CITY STATE		
UNIT NO. 2	MOTOR VEHICLE TOWED	<input type="checkbox"/> TRAIN <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER	<input type="checkbox"/> PEDALCYCLIST <input type="checkbox"/> OTHER	VEH IDENT NO	IF BODY STYLE=VAN OR BUS, INDICATE SEATING CAPACITY			
YEAR MODEL	COLOR & MAKE	MODEL NAME		BODY STYLE	LICENSE PLATE		YEAR STATE NUMBER	
DRIVER'S NAME	LAST FIRST MIDDLE	ADDRESS (STREET, CITY, STATE, ZIP)		CITY STATE	YEAR STATE NUMBER			
DRIVER'S LICENSE	STATE NUMBER	CLASS / TYPE	DOB	MONTH DAY YEAR	RACE	SEX	OCCUPATION	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED		4	ALCOHOL/DRUG ANALYSIS RESULT		PEACE OFFICER, EMS DRIVER FIRE FIGHTER ON EMERGENCY?			
LESSEE OWNER	<input type="checkbox"/> <input checked="" type="checkbox"/>	NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)		ADDRESS (STREET, CITY, STATE, ZIP)		CITY STATE		
LIABILITY INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)		ADDRESS (STREET, CITY, STATE, ZIP)		CITY STATE		
DAMAGE TO PROPERTY OTHER THAN VEHICLES	INSURANCE COMPANY NAME		POLICY NUMBER		VEHICLE DAMAGE RATING FD-7			
Traffic sign support beam		Texas Dept. Of Transportaion		13	\$ Unknown	DAMAGE ESTIMATE		
OBJECT	NAME AND ADDRESS OF OWNER		FEET FROM CURB					
LIGHT CONDITION	1	WEATHER	1	SURFACE CONDITION	1	TYPE ROAD SURFACE	6	
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-DRY 2-WET 3-MUD 4-SNOWY/ICY 5-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	Grass	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)		
Unit #1 left the main cement road and drove in the grass median								
IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
CHARGES FILED	NAME None		CHARGE	CITATION NO.				
NAME	None		CHARGE	CITATION NO.				
TIME NOTIFIED OF ACCIDENT	10-18-05	8:52am	M HOW	Radio Dispatched	TIME ARRIVED AT SCENE OF ACCIDENT	10-18-05	8:57am	
TYPED OR PRINTED NAME OF INVESTIGATOR	Corporal C. Rich		DATE REPORT MADE		10-18-05	IS REPORT COMPLETE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF INVESTIGATOR	<i>C. Rich</i>		ID NO.	018	DEPARTMENT	Texas City PD	DIST./AREA 5	
Witness # 1	Name Linda Paige Gilman		Address 820 - 26th Street, San Diego, Ca 92102		Phone / Other 619-235-8937 or 619-807-2241			
Witness # 2	Name Rick Accuso		Same as witness #1		Same as above			

SOLICITATION (SOL)		EJECTED	CODE FOR TYPE RESTRAINT USED	AIR BAG CODE	HELMET CODE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)						
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y.O.K. TO SOLICIT N=NO SOLICITATION		A - NOT APPLICABLE Y - YES  N - NO P - PARTIALLY U - UNKNOWN	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT  U - UNKNOWN IF DEPLOYED	1 - WORN-DAMAGED 2 - WORN-NOT DAMAGED  3 - WORN-UNK IF DAMAGED 4 - NOT WORN 9 - UNK IF WORN	K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD  3 - OTHER 4 - NONE 5 - REFUSED						
UNIT NO. 1  DAMAGE RATING FD-7		TOWED DUE TO DAMAGE  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE REMOVED TO Best Wrecker - Texas City, Tx  BY Their wrecker										
Item No.	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.  NAME (LAST NAME FIRST) ADDRESS (STREET, CITY, STATE, ZIP)			SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE	
1	DRIVER	SEE FRONT				N	Y	?	U	4	38	M	K
2	FR	Melton, Jacob	Same As Driver			N	N	?	U	4	12	M	K
3	BR	Powledge, Christian	Same As Driver			N	N	?	N	4	10	M	K
4	BM	Powledge, Rachel	Same As Driver			N	N	?	N	4	7	F	K
5	BL	Powledge, Isaac	Same As Driver			N	N	?	N	4	6	M	K
UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)		TOWED DUE TO DAMAGE  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHICLE REMOVED TO  BY										
Item No.	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.  NAME (LAST NAME FIRST) ADDRESS (STREET, CITY, STATE, ZIP)			SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE	
6	DRIVER	SEE FRONT											
7													
8													
9													
10													
COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE													
PEDESTRIAN, PEDACYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)		CASUALTY ADDRESS (STREET, CITY STATE, ZIP)		SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE		
DISPOSITION OF KILLED AND INJURED													
ITEM NUMBERS	TAKEN TO			BY		TIME NOTIFIED	IF AMBULANCE USED, SHOW TIME ARRIVED AT SCENE		NO. ATTENDANTS INC. DRIVER				
1-5	Galveston County Medial Examiner			Transport Service									
COMPLETE THIS SECTION IF PERSON KILLED													
ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH					
1-5	10-18-05	8:52am											
INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENDED (ATTACH SHEETS IF NECESSARY)													
Unit #1 had struck another unit while soutbound damaging the other units passenger side rearview mirror while on the freeway. TCPD case #05-10165. Unit #1 then drove onto the grass median between the main lanes of the freeway and the two lane feeder road. Unit #1 drove 1,419 feet in the grass median from the time it left the main lanes of the freeway until it struck a steel support beam for a traffic direction sign owned by the Texas Department Of Transportation. The vehicle split in half and caught fire killing all of the occupants. It's unknown why the driver drove in the median for such a long time.					Diagram	<input checked="" type="checkbox"/> One Way <input type="checkbox"/> Two Way <input type="checkbox"/> Divided  See Attached Diagram							
FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION													
FACTORS/CONDITIONS CONTRIBUTING				OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED				TRAFFIC CONTROL					
UNIT 1	1 22	2 23	3	UNIT 1	1	2	0-NO CONTROL OR INOPERATIVE 1-OFFICER OR FLAGMAN 2-STOP AND GO SIGNAL 3-STOP SIGN 4-FLASHING RED LIGHT	5-TURN MARKS 6-WARNING SIGN 7-RR GATES OR SIGNALS 8-YIELD SIGN 9-CENTER STRIPE OR DIVIDER	10-NO PASSING ZONE 11-OTHER CONTROL	9			
UNIT 2	1	2	3	UNIT 2	1	2							
1. ANIMAL ON ROAD - DOMESTIC 2. ANIMAL ON ROAD - WILD 3. BACKED WITHOUT SAFETY 4. CHANGED LANE WHEN UNSAFE 5. DEFECTIVE OR NO HEADLAMPS 6. DEFECTIVE OR NO TURN SIGNALS 7. DEFECTIVE OR NO TAIL LAMPS 8. DEFECTIVE OR NO TURN SIGNAL LAMPS 9. DEFECTIVE OR NO BRAKES 10. DEFECTIVE OR NO VEHICLE BRAKES 11. DEFECTIVE STEERING MECHANISM 12. DEFECTIVE SLICK TIRES 13. DEFECTIVE TRAILER HITCH 14. DISABLED IN TRAFFIC LANE 15. DISREGARD TURN SIGNAL 16. DISREGARD STOP SIGN OR LIGHT 17. DISREGARD TURN MARKS AT INTERSECTION 18. DISREGARD WARNING SIGN AT CONSTRUCTION  19. DISTRACTION IN VEHICLE 20. DRIVER INATTENTION 21. DROVE WITHOUT HEADLIGHTS 22. FAILED TO CONTROL SPEED 23. FAILED TO DRIVE IN SINGLE LANE 24. FAILED TO GIVE HALF OF ROADWAY 25. FAILED TO HEED WARNING SIGN 26. FAILED TO PASS TO LEFT SAFELY 27. FAILED TO SWERVE RIGHT SAFELY 28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL 29. FAILED TO STOP AT PRECIPICE 30. FAILED TO STOP FOR SCHOOL BUS 31. FAILED TO STOP FOR TRAIN 32. FAILED TO YIELD ROW - EMERGENCY VEHICLE 33. FAILED TO YIELD ROW - OPEN INTERSECTION 34. FAILED TO YIELD ROW - PRIVATE DRIVE 35. FAILED TO YIELD ROW - STOP SIGN 36. FAILED TO YIELD ROW - TO PEDESTRIAN  37. FAILED TO YIELD ROW - TURNING LEFT 38. FAILED TO YIELD ROW - TURN ON RED 39. FAILED TO YIELD ROW - YIELD SIGN 40. FATIGUED OR ASLEEP 41. FAULTY/EVASIVE ACTION 42. FIRE IN VEHICLE 43. FLEETING OR EVADING POLICE 44. FOLLOWED TOO CLOSELY 45. HAD BEEN DRINKING 46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE) 47. ILL (EXPLAIN IN NARRATIVE) 48. IMPAIRED VISION (EXPLAIN IN NARRATIVE) 49. IMPAIRED START FROM PARKED POSITION 50. LOAD NOT SECURED 51. OPENED DOOR INTO TRAFFIC LANE 52. OVERRIDES VEHICLE OR LOAD 53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE 54. PARKED AND FAILED TO SET BRAKES 55. PARKED IN TRAFFIC LANE  56. PARKED WITHOUT LIGHTS 57. PASSED IN NO PASSING LANE 58. PASSED ON RIGHT SHOULDER 59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE 60. SPEEDING - UNSAFE (UNDER LIMIT) 61. SPEEDING - OVER LIMIT 62. UNKNOWN CONDITION (EXPLAIN IN NARRATIVE) 63. TURNED IMPROPERLY - CUT CORNER ON LEFT 64. TURNED IMPROPERLY - SIDE RIGHT 65. TURNED IMPROPERLY - WRONG LANE 66. TURNED WHEN UNSAFE 67. UNDER INFLUENCE - ALCOHOL 68. UNDER INFLUENCE - DRUG 69. WRONG SIDE - APPROACH OR IN INTERSECTION 70. WRONG SIDE - NOT PASSING 71. WRONG WAY - ONE WAY ROAD 72. DIVERTED ATTENTION - (CELL / MOBILE PHONE USE) 73. ROAD RAGE 74. OTHER FACTOR (WRITE ON LINE BELOW)													

TEXAS PEACE OFFICERS ACCIDENT REPORT ST-3 (REV. 1/1/96)

MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4007, AUSTIN TX 78773-0407

PLACE WHERE ACCIDENT OCCURRED				LOC. NO.	05-1012
COUNTY	Galveston	CITY OR TOWN	Texas City	DPS NO.	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN		MILES	NORTH S E W OF	SHOW ONLY IF INSIDE CITY LIMITS	
ROAD ON WHICH ACCIDENT OCCURRED		56.00	IH 45	CONSTR. ZONE	<input checked="" type="checkbox"/> YES SPEED LIMIT 65
INTERSECTING OR RR XING NUMBER		BLOCK NUMBER	STREET OR ROAD NAME	ROUTE NUMBER OR STREET	<input type="checkbox"/> NO
NOT AT INTERSECTION		3/4	FT.	CONSTR. ZONE	<input type="checkbox"/> YES SPEED LIMIT
		ML	N S E W	ROUTE NUMBER OR STREET	<input type="checkbox"/> NO
				SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT	
DATE OF ACCIDENT		10-18	DAY OF WEEK	TUESDAY	HOUR 8:52
				<input type="checkbox"/> AM. IF EXACTLY NOON OR MIDNIGHT, SO STATE	
				<input type="checkbox"/> P.M.	
				DR. REC.	

NOT DRAWN  
TO SCALE

TIME NOTIFIED OF ACCIDENT	10-18-05 8:52 AM	HOW	Radio Dispatched	TIME ARRIVED AT SCENE OF ACCIDENT	10-18-05 8:57 AM
TYPED OR PRINTED NAME OF INVESTIGATOR		C. Rich		IS REPORT COMPLETE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SIGNATURE OF INVESTIGATOR		C. Rich		DEPARTMENT	Texas City Police DIST./AREA
ID NO.	018				

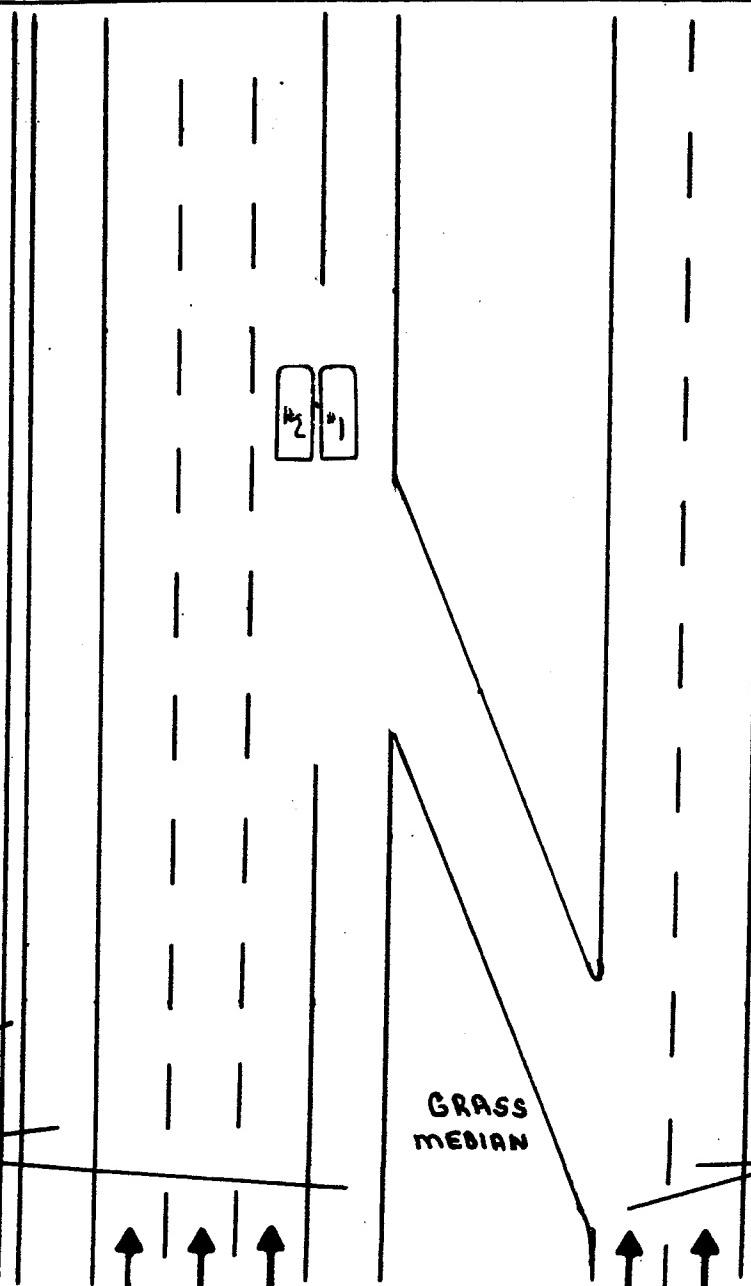
PLACE WHERE ACCIDENT OCCURRED COUNTY IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN		CITY OR TOWN <b>Texas City</b>		LOC. NO. <b>05-10165</b>		
		NORTH    S    E    W    OF	SHOW ONLY IF INSIDE CITY LIMITS		DPS NO.	
CITY OR TOWN						
ROAD ON WHICH ACCIDENT OCCURRED 5600		CONST. <input type="checkbox"/> YES SPEED ZONE <input checked="" type="checkbox"/> NO LIMIT <b>65</b>				
INTERSECTING STREET OR RR X'ING NUMBER		CONST. <input type="checkbox"/> YES SPEED ZONE <input type="checkbox"/> NO LIMIT				
NOT AT INTERSECTION 1/4		FT. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OF MI. <input checked="" type="checkbox"/> N S E W	Holland Road SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.			
DATE OF ACCIDENT <b>October 18</b>		DAY OF WEEK <b>2005</b>	HOUR <b>Tuesday</b>	8:54	A.M. <input type="checkbox"/> IF EXACTLY NOON P.M. <input type="checkbox"/> OR MIDNIGHT, SO STATE	
UNIT NO. 1 - MOTOR VEHICLE		VEH IDENT NO <b>1G1ND52F34M598780</b>		IF BODY STYLE=VAN OR BUS, INDICATE SEATING CAPACITY		
YEAR MODEL <b>2004</b>	COLOR & MAKE <b>Silver Chevrolet</b>	MODEL NAME <b>Malibu Classic</b>	BODY STYLE <b>4 Door</b>	LICENSE PLATE <b>06 Tx Z59WMP</b>	YEAR STATE NUMBER	
DRIVER'S NAME <b>Powledge</b>	LAST <b>Adam</b>	MIDDLE <b>Wayne</b>	ADDRESS (STREET, CITY, STATE, ZIP) <b>2027 Fairfield St. South</b>	CITY <b>League City, Tx 77573</b>	PHONE NUMBER <b>281-557-0559</b>	
DRIVER'S LICENSE TX	STATE NUMBER <b>19502651</b>	CLASS/TYPE <b>C</b>	DOB MONTH <b>10</b> DAY <b>04</b> YEAR <b>1966</b>	RACE <b>M</b>	SEX <b>F</b>	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED		ALCOHOL/DRUG ANALYSIS RESULT		PEACE OFFICER, EMS DRIVER FIRE FIGHTER ON EMERGENCY?		
LESSEE OWNER <input type="checkbox"/> <input checked="" type="checkbox"/>	Same As Driver				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LIABILITY INSURANCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)		ADDRESS (STREET, CITY, STATE, ZIP)	CITY	STATE	
INSURANCE COMPANY NAME		POLICY NUMBER		VEHICLE DAMAGE RATING <b>LD-1</b>		
UNIT NO. 2	MOTOR VEHICLE TOWED <input type="checkbox"/>	TRAIN <input checked="" type="checkbox"/> PEDALCYCLIST <input type="checkbox"/>	VEH IDENT NO <b>1G1ZT52855F272264</b>	IF BODY STYLE=VAN OR BUS, INDICATE SEATING CAPACITY		
YEAR MODEL <b>2005</b>	COLOR & MAKE <b>Green Chevrolet</b>	MODEL NAME <b>Malibu</b>	BODY STYLE <b>4 Door</b>	LICENSE PLATE <b>06 Tx 788CYK</b>	YEAR STATE NUMBER	
DRIVER'S NAME <b>Gilman</b>	LAST <b>Linda</b>	MIDDLE <b>Paige</b>	ADDRESS (STREET, CITY, STATE, ZIP) <b>820 - 26th Street</b>	CITY <b>San Deigo, Ca. 92102</b>	PHONE NUMBER <b>619-807-2241</b>	
DRIVER'S LICENSE Ca	STATE NUMBER <b>N2390464C</b>	CLASS / TYPE <b>C</b>	DOB MONTH <b>08</b> DAY <b>15</b> YEAR <b>1948</b>	RACE <b>W</b>	SEX <b>F</b>	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED		ALCOHOL/DRUG ANALYSIS RESULT <b>4</b> N/A		PEACE OFFICER, EMS DRIVER FIRE FIGHTER ON EMERGENCY?		
LESSEE OWNER <input type="checkbox"/> <input checked="" type="checkbox"/>	NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)		ADDRESS (STREET, CITY, STATE, ZIP)	CITY	STATE	
LIABILITY INSURANCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Wawaensa Ins.		# FA9256066	VEHICLE DAMAGE RATING <b>RD-1</b>		
INSURANCE COMPANY NAME		POLICY NUMBER				
DAMAGE TO PROPERTY OTHER THAN VEHICLES						
None						
OBJECT	NAME AND ADDRESS OF OWNER		FEET FROM CURB	DAMAGE ESTIMATE \$		
LIGHT CONDITION <input type="checkbox"/> 1	WEATHER <input type="checkbox"/> 1	SURFACE CONDITION <input type="checkbox"/> 1	TYPE ROAD SURFACE <input type="checkbox"/> 2	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) <b>Normal</b>		
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-DRY 2-WET 3-MUDGY 4-SNOWY/ICY 5-OTHER			
IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
CHARGES FILED NAME <b>None</b>		CHARGE	CITATION NO.			
NAME <b>None</b>		CHARGE	CITATION NO.			
TIME NOTIFIED OF ACCIDENT 10-18-05 8:52am M HOW		Radio Dispatched	TIME ARRIVED AT SCENE OF ACCIDENT	10-18-05 8:56am M		
TYPED OR PRINTED NAME OF INVESTIGATOR <b>Corporal C. Rich</b>		DATE REPORT MADE <b>10-18-05</b>	IS REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
SIGNATURE OF INVESTIGATOR <b>C. Rich</b>		ID NO. <b>018</b>	DEPARTMENT <b>Texas City PD</b>	DIST./AREA <b>5</b>		
Witness # 1 Randy Klibert		ADDRESS 1911 Canyon Creek Ct., Pearland, Texas 77581	PHONE / OTHER 409-939-4717 or 409-744-1769			
Witness #						

SOLICITATION (SOL)		EJECTED	CODE FOR TYPE RESTRAINT USED	AIR BAG CODE	HELMET CODE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)																									
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. N=NO SOLICITATION		A - NOT APPLICABLE Y - YES  N - NO P - PARTIALLY U - UNKNOWN	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT  U - UNKNOWN IF DEPLOYED	1 - WORN/DAMAGED 2 - WORN/HOT DAMAGED  3 - WORN/UNK IF DAMAGED 4 - NOT WORN 9 - UNK IF WORN	K - KILLED A - INCAPACITATING INJURY  B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD  3 - OTHER 4 - NONE 5 - REFUSED																									
UNIT NO. 1		TOWED DUE TO DAMAGE	VEHICLE REMOVED TO	Best Wrecker - Texas City, Tx																												
DAMAGE RATING	LD-1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	BY	Their Wrecker																												
Item No.	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.				SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE																			
1	DRIVER	SEE FRONT					N	N	?	N	4	38	M	N																		
2	FR	Melton, Jacob	Same As Driver				N	N	?	N	4	12	M	N																		
3	BR	Powledge, Christian	Same As Driver				N	N	?	N	4	10	M	N																		
4	BM	Powledge, Rachel	Same As Driver				N	N	?	N	4	7	F	N																		
5	BL	Powledge, Isaac	Same As Driver				N	N	?	N	4	6	M	N																		
UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)		TOWED DUE TO DAMAGE	VEHICLE REMOVED TO	Driveable																												
Item No.	DAMAGE RATING	LD-1	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BY																												
6	DRIVER	SEE FRONT					N	N	A	N	4	57	F	N																		
7	FR	Accurso, Rick	Same As Driver				N	N	A	N	4	59	M	N																		
8																																
9																																
10																																
COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE																																
PEDESTRIAN, PEDACYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)		CASUALTY ADDRESS (STREET, CITY STATE, ZIP)		SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE																					
N/A																																
N/A																																
DISPOSITION OF KILLED AND INJURED																																
ITEM NUMBERS	TAKEN TO		BY		TIME NOTIFIED	TIME ARRIVED AT SCENE		IF AMBULANCE USED, SHOW NO. ATTENDANTS INC. DRIVER																								
N/A																																
N/A																																
COMPLETE THIS SECTION IF PERSON KILLED																																
ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH																								
N/A																																
INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENDED (ATTACH SHEETS IF NECESSARY)																																
Unit #1 and #2 were South bound on IH45. Unit #2 was in the outside lane. At this time no witness's can confirm where unit #1 had come from before impact with unit #2. It's possible that unit #1 was on the on ramp to enter the freeway from the feeder road and struck unit #2 or unit #1 was traveling on the emergency shoulder and struck unit #2. After impact, unit #1 traveled down the grass median for approx. 1/4 mile and struck a steel support beam used to hold up a traffic sign. Unit #1 then caught fire and killed 5 occupants.										Diagram	<input checked="" type="checkbox"/> One Way <input type="checkbox"/> Two Way <input type="checkbox"/> Divided	See Attached Diagram																				
FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION																																
FACTORS/CONDITIONS CONTRIBUTING				OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED				TRAFFIC CONTROL																								
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TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (REV. 1/1/86)

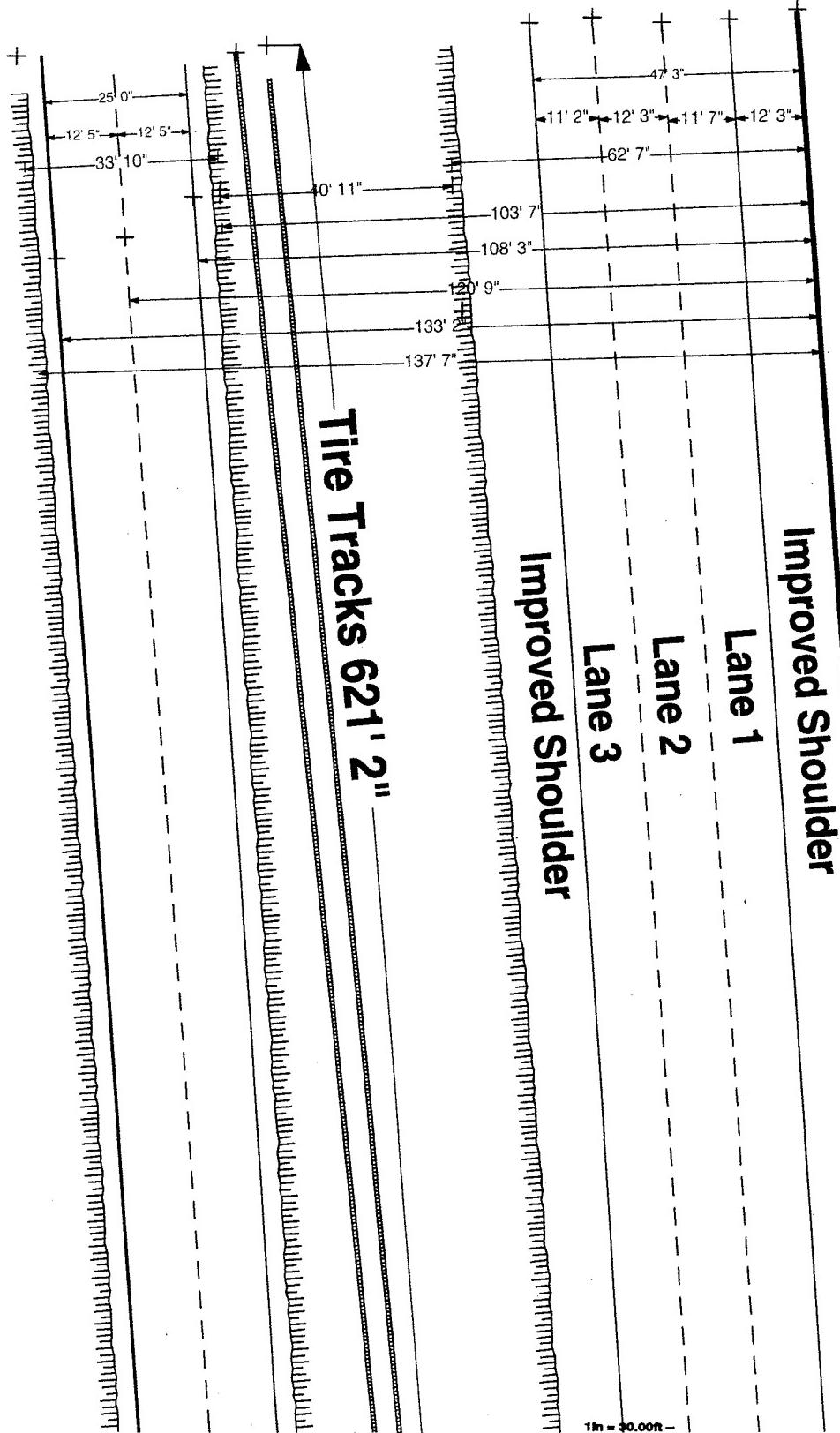
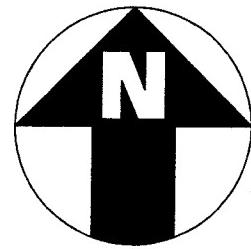
MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-4087

PLACE WHERE ACCIDENT OCCURRED		CITY OR TOWN		Texas City		LOC. NO.
COUNTY	Galveston	MILES	NORTH	S E W. OF	SHOW ONLY IF NEAR CITY LIMITS	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						CITY OR TOWN
ROAD ON WHICH ACCIDENT OCCURRED		IH 45		CONSTR. ZONE	<input checked="" type="checkbox"/> YES	SPEED
INTERSECTING OR RR XING NUMBER		BLOCK NUMBER	STREET OR ROAD NAME	ROUTE NUMBER OR STREET	<input type="checkbox"/> NO	LIMIT
NOT AT INTERSECTION		114	FT.	OF		65
		MI.	N S E W	SHOW NEAREST OR NEARESTLY INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEARESTLY INTERSECTING STREET OR REFERENCE POINT		
DATE OF ACCIDENT		10-18 2015	DAY OF WEEK	TUESDAY	HOUR	552
					<input checked="" type="checkbox"/> A.M.	IF EXACTLY NOON OR MIDNIGHT, SO STATE
					<input type="checkbox"/> P.M.	
						DR.REC.

NOT DRAWN  
TO SCALE

TIME NOTIFIED OF ACCIDENT	10-18-05	852AM	HOW	Radio Dispatched	TIME ARRIVED AT SCENE OF ACCIDENT	10-18-05	857AM
TYPED OR PRINTED NAME OF INVESTIGATOR				DATE REPORT MADE	IS REPORT COMPLETE		
C. R. Rich				10-18-05	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
SIGNATURE OF INVESTIGATOR				ID NO.	DEPARTMENT	DIST./AREA	
C. R. Rich				018	Texas City Police	5	

OS-10172



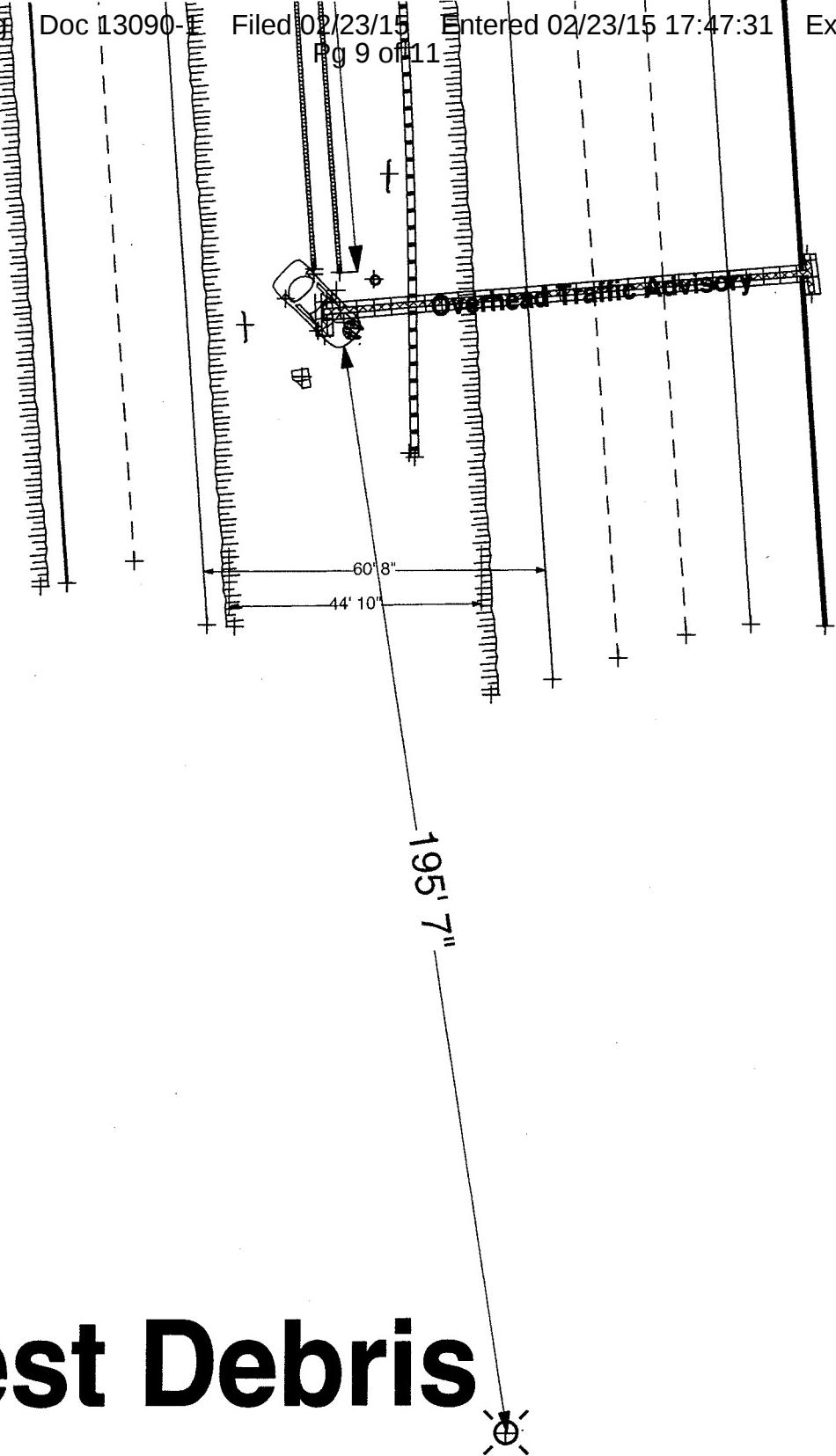
Date: October 18, 2005  
Fatality Accident 05-10165  
Drawn By Ofc. Chris L. Marshall for  
Accident Investigator Chet Rich  
Scale 1 in= 26.00ft

# IH-45 South Bound Feeder

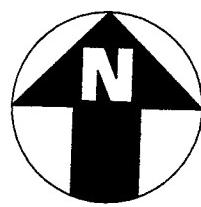
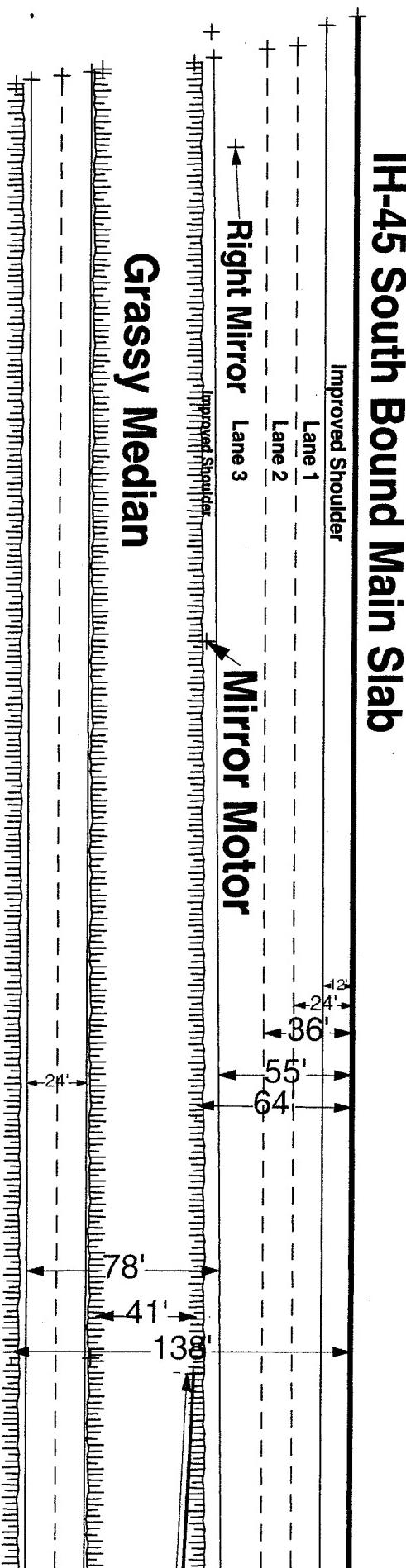
## Grassy Median

Gaurdrail Barrier

# IH-45 South Bound Main Slab



# Farthest Debris



**Date: October 18, 2005**  
**Fatality Accident 05-10165**  
**Drawn By Ofc. Chris L. Marshall for**  
**Accident Investigator Chet Rich**

712.

**Tire Tracks**